PTO/SB/05 (11-00)

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UTILITY PATENT APPLICATION **TRANSMITTAL**

PHAT-01008US0 Attorney Docket No. Busam First Inventor Device-to-Device Network

(Only for new nonprovision	nal applications under 37 CFR 1.53(b)))	Express	Mail Label No	EL	901 895 8	70 US
}	ATION ELEMENTS cerning utility patent application conte	nts.	ADD	RESS TO:	Box F	Patent Applicat	
1. Fee Transmittal F (Submit an original and a Applicant claims s See 37 CFR 1.27 3. Specification (preferred arrangemen - Descriptive title - Cross Referenc - Statement Reg - Reference to se or a computer p - Background of - Brief Summary		7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statements verifying identity of above copies					
	on of the Drawings (if filed)			ACCOMPANYI	NG A	PPLICATION	ON PARTS
- Detailed Descr - Claim(s) - Abstract of the	•	-	9. [Assignment P 37 CFR 3.73((when there is	b) Sta	tement	document(s)) Power of Attorney
4. Drawing(s) (35 L) 5. Oath or Declaration	J.S.C. 113) [Total Sheets 10 [Total Pages]]	11. <u>[</u> 12. [English Trans Information D Statement (ID	isclos		applicable) Copies of IDS Citations
a. Newly exec	uted (original or copy)	_	13.	Preliminary A			
	a prior application (37 CFR 1.63 (d)) ation/divisional with Box 18 completed	1)	14.	Return Recei		stcard (MPEP !	503)
i. DELET	ION OF INVENTOR(S) atement attached deleting inventor(s)	,	15.			riority Docume claimed)	nt(s)
named in	the prior application, see 37 CFR and 1 33(b).		16.		pplica	ication under 3 nt must attach	5 U.S.C. 122 form PTO/SB/35
6 Application Data	Sheet. See 37 CFR 1.76		17.	Other: Ch	éck ir	the amount	öf:\$1;128:00
or in an Application Data She Continuation Prior application information:	ICATION, check appropriate box, and eet under 37 CFR 1.76: Divisional Continuation-in-part (Examiner IONAL APPS only: The entire disclosure	(CIP)		of prior application No.:_			
Box 5b, is considered a part o	of the disclosure of the accompanying co relied upon when a portion has been in	ontinu	ation or div	isional application	and is	hereby incorpo	
	19. CORRESPO	ONDE	NCE ADD	RESS			
Customer Number or Bar C	ode Label (Insen Customer No, er Ått	ach bar	code label he	or [Correspondence a	ddress below
Name	Burt Magen						
Address	Vierra Magen Marcus Ha 685 Market Street, Suite		n & Del	Niro, LLP			
City	San Francisco	- 1	State	California		Zip Code	94105-4206
Country	U.S.A.	 Tele	phone	(415) 369-96	60	Fax	(415) 369-9665
<u>'</u>	Burt Magan	==	' 		==		75
Name (Print/Type)	Burt Magen		Regi	stration No. (Att	orney	(Agent) 37,1	

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$) 1,128.00

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Complete if Known				
Application Number				
Filing Date				
First Named Inventor	Busam			
Examiner Name	,			
Group Art Unit				
Attorney Docket No.	PHAT-01008US0			

METHOD OF PAYMENT	FEE CALCULATION (continued)			
The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES			
indicated fees and credit any overpayments to: Deposit	Large Small			
Account 1501826	Entity Entity			
Number	Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	Fee Paid		
Deposit Account Name Harmon & DeNiro LLP	105 130 205 65 Surcharge - late filing fee or oath			
Charge Any Additional Fee Required Under 37 CFR 1 16 and 1.17	127 50 227 25 Surcharge - late provisional filing fee or cover sheet			
Applicant claims small entity status.	139 130 139 130 Non-English specification			
See 37 CFR 1 27	147 2,520 147 2,520 For filing a request for ex parte reexamination	İ		
2. Payment Enclosed:	112 920* 112 920* Requesting publication of SIR prior to			
Check Credit card Money Other	Examiner action			
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action			
1. BASIC FILING FEE	115 110 215 55 Extension for reply within first month			
Large Entity Small Entity	116 390 216 195 Extension for reply within second month			
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	117 890 217 445 Extension for reply within third month			
101 710 201 355 Utility filling fee \$355.00	118 1,390 218 695 Extension for reply within fourth month			
106 320 206 160 Design filing fee	128 1,890 228 945 Extension for reply within fifth month			
107 490 207 245 Plant filing fee	119 310 219 155 Notice of Appeal			
108 710 208 355 Reissue filing fee	120 310 220 155 Filing a brief in support of an appeal			
114 150 214 75 Provisional filing fee	121 270 221 135 Request for oral hearing			
SUBTOTAL (1) (\$) 355.00	138 1,510 138 1,510 Petition to institute a public use proceeding			
	140 110 240 55 Petition to revive - unavoidable			
2. EXTRA CLAIM FEES	141 1,240 241 620 Petition to revive - unintentional			
Extra Claims below Fee Paid	.			
Total Claims 57 -20** = 37 × \$9 = \$333	143 440 243 220 Design issue fee			
Claims 14 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	144 600 244 300 Plant issue fee			
Multiple Dependent	122 130 122 130 Petitions to the Commissioner			
Laura Martina and an ann	123 50 123 50 Processing fee under 37 CFR 1.17(q)			
Large Entity Small Entity Fee Fee Fee Fee Description	126 180 126 180 Submission of Information Disclosure Stmt			
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each patent assignment per property (times number of properties)			
102 80 202 40 Independent claims in excess of 3	146 710 246 355 Filing a submission after final rejection (37 CFR § 1.129(a))			
104 270 204 135 Multiple dependent claim, if not paid 109 80 209 40 ** Reissue independent claims	149 710 249 355 For each additional invention to be			
109 80 209 40 ** Reissue independent claims over original patent	examined (37 CFR § 1.129(b))			
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	179 710 279 355 Request for Continued Examination (RCE)			
and over original paterit	169 900 169 900 Request for expedited examination of a design application			
SUBTOTAL (2) (\$) 773.00	Other fee (specify)			
**or number previously paid, if greater, For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00	·		

SUBMITTED BY				Complete (ii	Complete (if applicable)		
Name (Print/Type)	Burt Magen	7/	Registration No. (Attorney/Agent)	37,175	Telephone	(415) 369-9660	
Signature	176	those			Date	Sept 19,2001	

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